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	175506	A. BUILDING _____ B. WING _____	05/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANDBE HOME, INC	201 W CRANE ST NORTON, KS 67654

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: The facility reported a census of 73. The sample included 16 residents. Based on observation, interview and record review, the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility failed to provide discharge planning services for 1 of 3 residents sampled for community discharge (resident #78). Findings included: - The facility implemented a physical therapy program on 1/19/12 following resident #78's admission to the facility on 1/18/12 following surgical repair of an abdominal aortic aneurysm. Resident #78's therapy program included standing balance, strengthening and transfers, sitting and standing, ambulating, stairs, and independence with ADLs (activities of daily living). Resident #78's 1/24/12 Admission MDS (minimum data set) assessment revealed the resident had a BIMS (Brief Interview for Mental Status) score of 12 which indicated moderately	F 250		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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impaired cognition. The resident required limited assistance of one person for bed mobility, transfers, ambulation, toilet use and personal hygiene. Resident #78 had functional limitations of one lower extremity on one side, only able to stabilize with human assistance, and not steady. According to the assessment staff believed the resident had the capability of increased independence in at least some ADLs. The assessment also indicated the resident had the expectation of being discharged to the community and staff determined discharge to the community as not feasible.

The physical therapy note, dated 4/19/12, discharged resident #78 from skilled therapy to restorative nursing. The note included a restorative plan that included active range of motion to all extremities with a T band (stretch band used for exercise) and 3 pound weights 3 to 5 times as week, instructed staff to include the resident in the walk to dine program, and invite the resident to "sittercise" (group exercise program) 4 times a week.

The resident's care plan last updated 4/9/12 included the restorative plan.

The restorative book/log maintained in the Therapy/Restorative room indicated the resident should receive restorative nursing as suggested by the Physical Therapist 3 to 5 times a week. The Restorative record maintained in the Restorative Room for resident #78 revealed the resident received assistance with walk to dine only three times on March 12, 2012, April 23 and 26, 2012 and no indication that restorative staff carried out active range of motion. Restorative

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F 250	Continued From page 2	F 250		

staff failed to implement the restorative program as documented in the report at F311. The documentation in the care tracker system (electronic record system) confirmed that the resident failed to receive the restorative program 3 to 5 times a week.

When asked about a discharge plan for resident #78 on 5/19/12 at 3:35 pm, Social Services Staff R stated when first admitted to the facility, they expected him/her to go back to the community. The resident had a home in the community. The resident had weakness in one leg following the aortic aneurysm repair. Social Services staff R stated the resident's family supported the resident if he/she wanted to return home. Social Services staff R confirmed the resident did not have a discharge plan.

Also present for the staff interview with Social Services Staff R on 5/19/12 at 3:35 pm, Activity Staff S reported the resident went on an outing to play cards with friends and did well. Activity staff D reported the resident used to volunteer in the facility prior to admission, doing resident nails and continued to assist with that program. The resident also volunteered for the local second hand store cutting up rags and continued with the volunteer program. Activity staff D confirmed that Resident #78 did not have a discharge plan.

During an observation on 5/10/12 at 8:54 a.m., direct care staff K provided restorative services for resident #78 that included range of motion to upper and lower extremities and provided stand by assistance while resident #78 ambulated approximately 110 feet. The resident used a rolling walker with no physical assistance from

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F 250	Continued From page 3 direct care staff K. Direct care staff K reported the resident attended "sittercise" activity 4 times a week, required little assistance with dressing and did not require assistance to go to the bathroom. He/she stated the resident seemed to be doing better with ambulation. An interview on 5/10/12 at 9:15 a.m. with resident #78 confirmed he/she desired to return home and stated, "I might as well be home, all they do for me is bring me meals and I can get meals on wheels at home." During an interview on 5/10/12 at 9:35 a.m., Consultant Staff U confirmed resident #78 had not had a home evaluation or been evaluated since he/she had been discharged from skilled services on 4/12/12. An interview on 5/10/12 at 5:30 p.m. with administrative nurses A and B confirmed the facility had no discharge planning policies or procedures in place. Administrative nurses A and B further added that resident #78's discharge plan had not been addressed since admission to the facility. The facility failed to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for resident #78 who expressed the desire to return to the community at the time of admission.	F 250		
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities	F 311		

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F 311	Continued From page 4 specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: The facility reported a census of 73. The sample included 16 residents. Based on observation, interview and record review, the facility failed to provide appropriate treatment and services (restorative nursing) to maintain or improve the resident's abilities to ambulate and carry out ADLs (activities of daily living) for 1 of 3 residents sampled for community discharge. (#78) Findings included: - The facility implemented a physical therapy program on 1/19/12 following resident #78's admission to the facility on 1/18/12 following surgical repair of an abdominal aortic aneurysm. Resident #78's therapy program included standing balance, strengthening and transfers, sitting and standing, ambulating, stairs, and independence with ADLs (activities of daily living). Resident #78's 1/24/12 Admission MDS (minimum data set) assessment revealed the resident had a BIMS (Brief Interview for Mental Status) score of 12 which indicated moderately impaired cognition. The resident required limited assistance of one person for bed mobility, transfers, ambulation, toilet use and personal hygiene. Resident #78 had functional limitations of one lower extremity on one side, only able to stabilize with human assistance, and not steady. According to the assessment staff believed the	F 311		

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F 311	Continued From page 5	F 311		

resident had the capability of increased independence in at least some ADLs. The assessment also indicated the resident had the expectation of being discharged to the community and staff determined discharge to the community as not feasible.

The physical therapy note dated 4/19/12, discharged resident #78 from skilled therapy to restorative nursing. The note included a restorative plan that included active range of motion to all extremities with a T band (stretch band used for exercise) and 3 pound weights 3 to 5 times as week, instructed staff to include the resident in the walk to dine program, and invite the resident to "sittercise" (group exercise program) 4 times a week.

The resident's care plan last updated 4/9/12 included the restorative plan.

The restorative book/log maintained in the Therapy/Restorative room indicated the resident should receive restorative nursing as suggested by the Physical Therapist 3 to 5 times a week starting 4/19/12. The restorative record maintained in the restorative room for resident #78 revealed the resident received assistance with walk to dine only three times on March 12, 2012, April 23 and 26, 2012 and no indication that restorative staff carried out active range of motion. The documentation in the care tracker system (the electronic record system) confirmed that the resident failed to receive the restorative program 3 to 5 times a week. The report indicated the resident received active range of motion on 4/23/12, 4/26/12, 4/27/12, 4/30/12, 5/3/12, and 5/7/12.

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F 311	Continued From page 6 When interviewed on 5/10/12 at 8:10 am, direct care staff L denied assisting resident #78 with restorative exercise. Direct care staff L stated the resident's program included walking to meals and confirmed staff had not walked the resident to the dining room on a regular basis Direct care staff L stated that the resident's family walked the resident to the dining room for the noon meal quite often. During an observation on 5/10/12 at 8:54 a.m., direct care staff K provided restorative services for resident #78 that included range of motion to upper and lower extremities with a 3 pound weight. Staff provided stand by assistance while resident #78 ambulated approximately 110 feet. The resident used a rolling walker with no physical assistance from direct care staff K. Direct care staff K reported the resident attended "sittercise" activity 4 times a week, required little assistance with dressing and did not require assistance to go to the bathroom. He/she stated the resident seemed to be doing better with ambulation. During an interview on 5/10/12 at 9:15 am, resident #78 stated that staff had not assisted with exercises for weeks. The resident last recalled having assistance with exercise when Physical Therapy staff assisted him/her. The resident confirmed attending the group "sittercise" program a couple of times a week. The resident reported exercising without assistance independently in his/her room and shared the written exercise program that therapy staff gave him/her on discharge from the hospital.	F 311		

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F 311	Continued From page 7 When interviewed on 5/10/12 at 9:35 am Consultant Staff U stated, "When we discharge a resident from skill therapy, we create a restorative program for the staff to carry out" and confirmed the resident should receive active range of motion 3 to 5 times a week. Consultant Staff U further stated that resident #78 had not been evaluated since being discharged from skilled services on 4/12/12. An interview with administrative nurses A and B on 5/10/12 at 5:30 p.m. confirmed resident #78 had the cognitive ability to give credit to the statement regarding the lack of restorative services being provided and agreed that that staff failed to carry out the restorative services as planned. The facility failed to provide appropriate treatment and services (restorative nursing) to maintain or improve the resident #78's abilities to ambulate and carry out ADLs (activities of daily living).	F 311		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 425		

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F 425	Continued From page 8 The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: The facility reported a census of 73 residents and 10 residents reviewed for medication administration. Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that ensure the accurate administration of insulin) to meet the needs for 1 of the 10 reviewed residents. (Resident #73) Findings included: - An observation on 5/8/12 at 5:43 p.m. revealed Licensed Nursing Staff N administered Novolog insulin 9 units subcutaneously (into fatty tissue) to resident #73's left upper arm. Licensed Nursing staff N failed to refer to resident #73 ' s MAR (medication administration record) prior to administration of the Novolog insulin and failed to document the administered dose on the MAR following administration of the insulin. During an interview on 5/8/12 at 5:51 p.m., Licensed Nursing Staff N reported he/she documented administration of resident #73's evening Novolog dose while he/she documented	F 425		

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F 425	Continued From page 9 the resident's blood glucose level at approximately 5:00 p.m. (approximately 43 minutes prior to giving the Novolog). Licensed Nursing Staff N confirmed he/she had not referred to resident #73's physician order on the MAR for the Novolog insulin at the time of administration to ensure he/she gave the correct medication, dose, and route at the correct time. During an interview on 5/9/12 at 12:50 p.m., Administrative Nursing Staff B reported the facility expected staff to read the MAR at the time of administration of medications to ensure the residents received the correct medication, dose, and route at the correct time. Although requested, the facility failed to provide a policy related to the facility's expectation for medication administration. The facility failed to provide pharmaceutical services (including procedures that ensure the accurate administration of insulin) to meet the needs for resident #73.	F 425		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 431		

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F 431	Continued From page 10 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: The facility reported a census of 73 residents, 3 medication rooms, and 4 medication carts. Based on observation, interview, and record review, the facility failed to remove all expired drugs and biologicals used in the facility as labeled in accordance with the currently accepted professional principles in 2 of the 4 medication carts and 1 of 3 medication rooms, which affected 11 unsampled residents (#67, 47, 37, 13, 59, 32, 36, 33, 14, 5, and 26). Findings included:	F 431		

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F 431	Continued From page 11 - An observation on 5/7/12 at 12:45 p.m. revealed expired medication found in the East Medication Storage room: o residents #32's bottle of Tussin DM (Dextromethorphan, a medication to treat congestion) labeled as expired in March 2012, o resident #36's bottle of promethazine VC (vasoconstrictor)-codeine (a medication to treat cold and cough symptoms) labeled as expired on 12/6/11, o resident #33's bottle of promethazine VC-codeine labeled as expired on 10/13/11, o resident #14's bottle of promethazine VC-codeine labeled as expired on 10/22/11, o resident #5's bottle of Robitussin-DM labeled as expired on 3/30/11 o resident #26's bottle of Tussin DM syrup labeled as expired on 11/19/11. An observation on 5/7/12 at 12:46 p.m. revealed expired 30-day bubble-packed medications in the North-East medication cart: o 16 pills of Ibuprofen (a pain and fever medication) 200 mg (milligrams) for resident #67, labeled as expired on 3/17/12 o 32 pills of Acetaminophen (a pain and fever medication) 325 mg for resident #47, labeled as expired on 2/3/12 o 50 pills of Ibuprofen 400 mg for resident #37, labeled as expired on 4/14/12. An observation on 5/7/12 at 12:50 p.m. revealed expired 30-day bubble-packed and liquid medications in the North-West medication cart: o 13 pills of Mucinex (a medication to treat cough and congestion) 600 mg for resident #13, labeled as expired on 1/25/12	F 431		

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F 431	Continued From page 12 o 1 pill of Diphenhydramine (an allergy medication) 25 mg for resident #13, labeled as expired on 4/4/12 o 1/4 full bottle of Robitussin Cough and Chest Congestion syrup for resident #59, labeled as expired on 11/16/11. During an interview on 5/7/12 at 12:48 p.m., Licensed Nursing Staff P reported staff check for expired medications approximately once a month "when [they] get a chance" but the facility lacked a system to routinely check for expired medications. Although requested, the facility failed to provide a policy related to proper medication storage and disposal of expired medications. The facility failed to remove all expired drugs and biologicals used in the facility as labeled in accordance with the currently accepted professional principles in 2 of the 4 medication carts and 1 of 3 medication rooms, which affected residents #67, #47, #37, #13, #59, #32, #36, #33, #14, #5, and #26.	F 431		
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections	F 441		

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F 441	Continued From page 13 in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: The facility reported a census of 73 residents. Based on observation, interview and record review, the facility failed to establish an Infection Control Program designed to provide a safe and sanitary environment and help prevent the development and transmission of disease and infection when staff failed to:	F 441		

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o Have a system in place to track/trend resident infections

o Clean glucometer between residents

o Failed to administer medications in the dining area in a sanitary manner by placing medications in contaminated medication cups.

Findings included:

- Observations during the days of the survey on 5/7/12 through 5/10/12 revealed the facility had no residents with infection control precautions or isolation procedures in place.

During an interview on 5/10/12 at 11:45 a.m. Licensed Nurse C reported he/she had responsibility for the facility's infection control program. Upon review of infection control documentation for the past year, Licensed Nurse C confirmed the records lacked evidence of a system to monitor trending of infections and tracking of antibiotic use or types of infection. According to Licensed Nurse C, the facility had no system in place to track or trend infections within the facility.

Although requested, the facility had no policies or procedures in place for tracking and trending infections.

The facility failed to ensure the Infection Control Program provided a safe and sanitary environment to prevent the development and transmission of disease and infection when staff failed to track or trend infections that occurred within the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175506	A. BUILDING _____ B. WING _____	05/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANDBE HOME, INC	201 W CRANE ST NORTON, KS 67654

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441	Continued From page 15	F 441		

- During an observation on 5/9/12 at 7:45 a.m. licensed nurse 0 placed the glucometer on the medication cart after using the device to obtain a resident's blood sugar. Licensed nurse 0 then picked up the glucometer from the medication cart and entered another resident room. Licensed nurse 0 did not clean the glucometer between residents.

During an interview on 5/9/12 at 7:45 a.m. Licensed nurse 0 confirmed he/she failed to clean the glucometer between residents.

The facility's undated Glucometer policy directed staff to thoroughly clean all equipment following use of the glucometer.

The facility failed to ensure the Infection Control Program provided a safe and sanitary environment to prevent the transmission of disease and infection when staff failed to clean the glucometer between residents.

- An observation on 5/9/12 from 7:30 and 8:10 a.m. revealed Licensed Nursing Staff F placed multiple labeled medication cups with the lip-side touching a countertop contaminated with dust and popcorn crumbs.

An observation on 5/9/12 at 7:36 a.m. revealed Licensed Nursing Staff F took resident #10's labeled medication cup from the contaminated cabinet, placed his/her morning pills in the contaminated cup, and gave the cup of pills to resident #10 to take independently. At 7:40 a.m., resident #10 placed the contaminated cup to his/her lips as he/she swallowed the morning

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 441	Continued From page 16 pills. An observation on 5/9/12 at 7:43 a.m. revealed Licenses Nursing Staff F took resident #58's labeled medication cup from the contaminated cabinet, placed his/her morning medications in the contaminated cup, and gave the cup of pills to resident #58 to take independently. At 7:51 a.m., resident #58 placed the contaminated cup to his/her lips as he/she swallowed the morning pills. During an interview on 5/9/12 at 12:51 p.m., Administrative Nursing Staff B reported the facility expected staff to administer medications in a sanitary manner by not contaminating the lips of medication cups prior to the medication pass. Although requested, the facility failed to provide a policy related to administration of medications in a sanitary manner. The facility failed to maintain/prevent infection control techniques to prevent the development and transmission of disease and infection by failure to administer medications in a sanitary manner.	F 441		